

FILED NOV 26 1947

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39268

State File No. \_\_\_\_\_

Registration District No. 244

Primary Registration District No. 3056

Registrar's No. 265

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Probert  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
804 Concord  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days) 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Probert  
(If outside city or town limits, write "RURAL")  
(d) Street No. 804 Concord  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNA MAY GLENN

3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 19  
year 1947 hour 11 minute 50 AM

21. I hereby certify that I attended the deceased from Nov 1  
1947 to Nov 19 1947  
that I last saw her alive on Nov 18 1947  
and that death occurred on the date and hour stated above.

5. Color or race White  
6. (a) Single, widowed, married, divorced, widowed  
6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased: April - 2 - 1870  
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis  
Due to arteriosclerosis  
Duration 15 min

8. AGE: Years 77 Months 7 Days 17  
If less than one day hr min

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: QW/A  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace: Jacksonville Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Manless Shipp

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Overton

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Spartzman

(b) Address Probert Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 21 - 47  
(Month) (Day) (Year)

(c) Place: burial or cremation Probert Mo.

18. (a) Signature of funeral director None

(b) Address Probert Mo.

19. (a) Nov 21 - 47 (Date received local registrar) (b) Legh Williams (Registrar's signature) 11. 9

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature H. G. Ruppel (M. D. or other) \_\_\_\_\_  
Address Probert Date signed 11/20/47

PHYSICIAN  
Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED  
District Health Officer No. 10  
District File Number 11-47-1607  
Date Filed NOV 24 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Amherst, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.